HEPATITIS C TREATMENT INFORMED REFUSAL/INELIGIBILITY

INFORMED REFUSAL OF MEDICATION TREATMENT OF HEPATITIS C:

Patient's Initials

_____ I understand that I have been offered medication treatment for my Hepatitis C infection. At this time, I do not want to receive these medications.

_____ I understand that I may request another review to consider medication therapy in the future, but it is possible that my condition or medical science may have changed and I may no longer be eligible for medication treatment.

_____ I have had all of my questions about the benefits and risks of medication therapy answered.

_____ I understand there may be long-term risks to my health if I do not take medication for Hepatitis C.

INELIGIBILITY FOR MEDICATION TREATMENT OF HEPATITIS C:

Patient's Initials

_____ I understand that I am not able to receive medication for Hepatitis C because:

❑ I will parole too soon to complete the full course of treatment.

❑ I have a medical condition that makes treatment with these medications too dangerous.

(Specify:_____)

❑ I have a mental health condition that makes treatment with these medications too dangerous at this time.

(Specify:_____)

❑ My liver is too damaged for these medications to help.

❑ My liver disease is at an earlier stage and does not qualify for treatment.

_____ I understand that although I do not qualify for medication to treat Hepatitis C, I will continue to receive all other appropriate care and follow-up for my Hepatitis C infection.

❑ **Information reviewed with patient who declines to sign at this time. (Witness: _____ Date_____)**

Patient Name: _____

Patient Signature: _____ **Date:**_____

Clinician Name: _____

Clinician Signature: _____ **Date:**_____

1. Disability Code:	2. Accommodation:	3. Effective Communication:	
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions	CDCR #:
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information	
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**	Last Name:
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached	First Name: MI:
☐ Not Applicable	☐ Other*	*See chrono/notes	
4. Comments:			DOB: